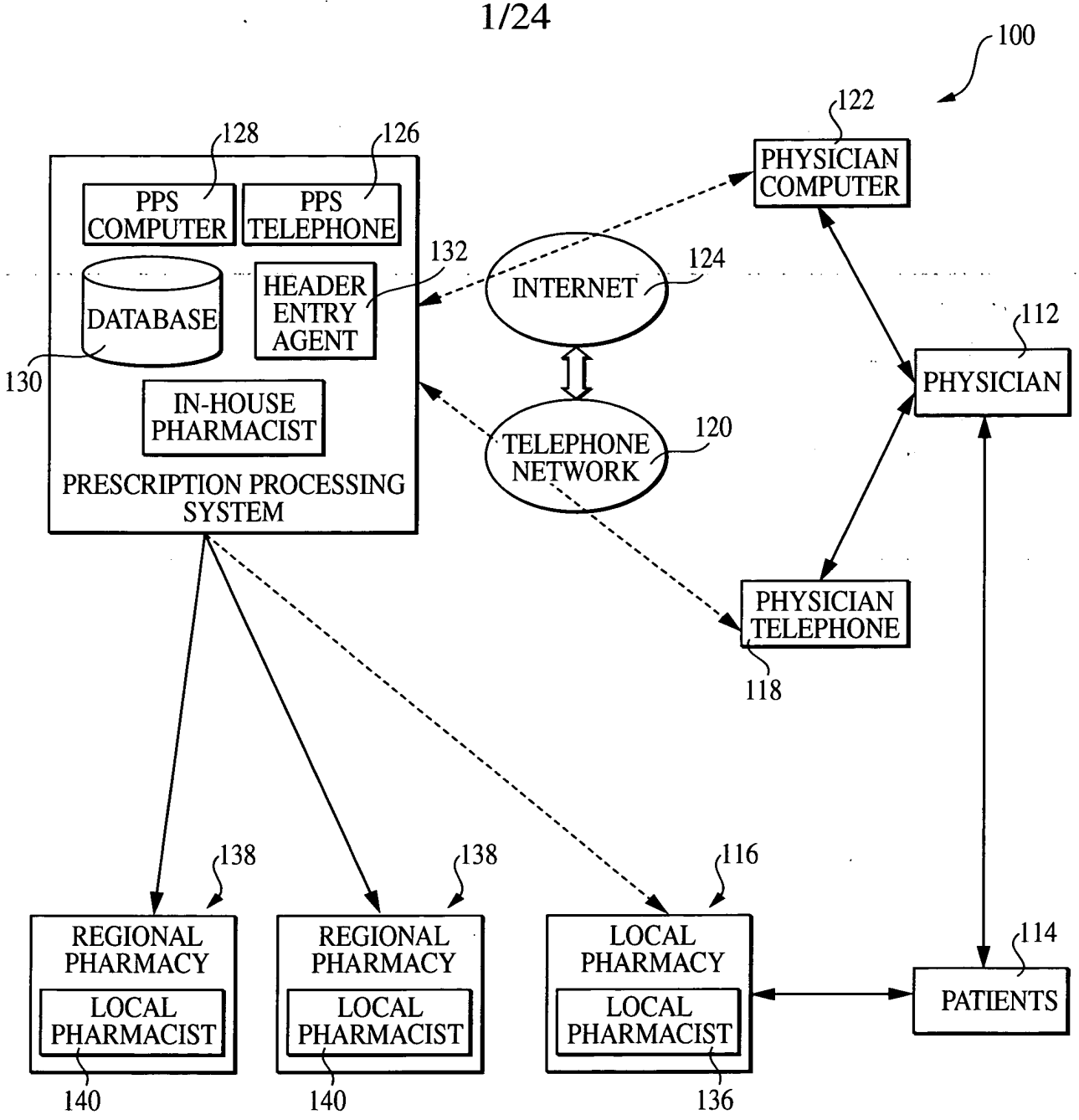
100
122
PHYSICIAN COMPUTER
128
126
PPS COMPUTER
PPS TELEPHONE
132
HEADER ENTRY AGENT
INTERNET
124
DATABASE
130
IN-HOUSE PHARMACIST
PRESCRIPTION PROCESSING SYSTEM
TELEPHONE NETWORK
120
112
PHYSICIAN
PHYSICIAN TELEPHONE
118
138
138
116
REGIONAL PHARMACY
LOCAL PHARMACIST
REGIONAL PHARMACY
LOCAL PHARMACIST
LOCAL PHARMACY
LOCAL PHARMACIST
114
PATIENTS
140
140
136

FIG. 1

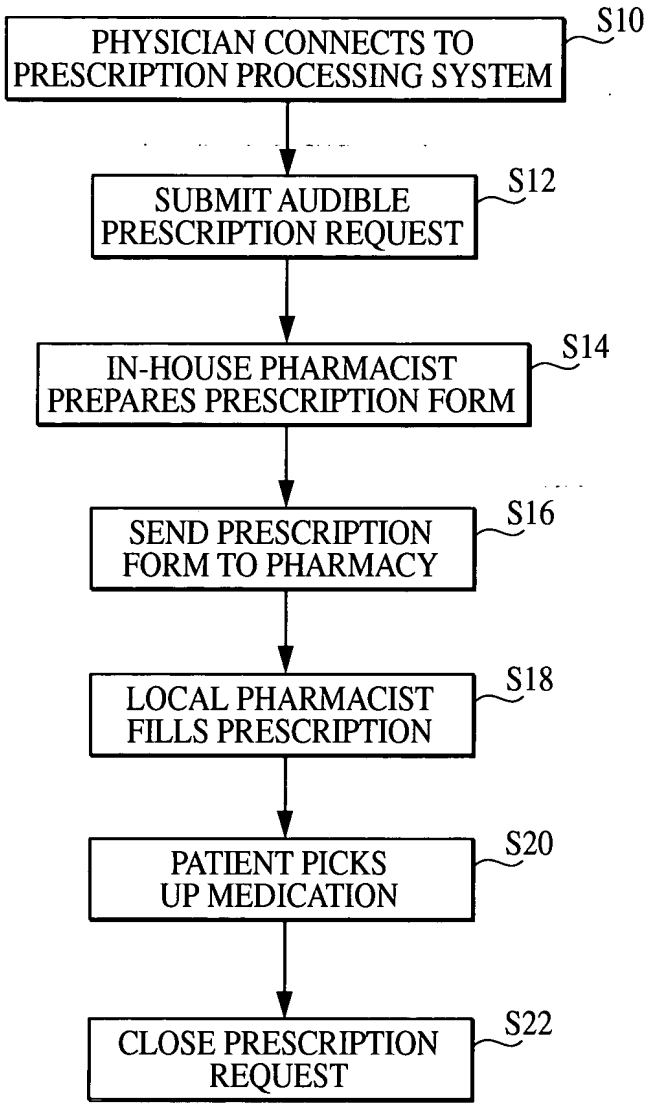
PHYSICIAN CONNECTS TO PRESCRIPTION PROCESSING SYSTEM
S10
SUBMIT AUDIBLE PRESCRIPTION REQUEST
S12
IN-HOUSE PHARMACIST PREPARES PRESCRIPTION FORM
S14
SEND PRESCRIPTION FORM TO PHARMACY
S16
LOCAL PHARMACIST FILLS PRESCRIPTION
S18
PATIENT PICKS UP MEDICATION
S20
CLOSE PRESCRIPTION REQUEST
S22

FIG. 2

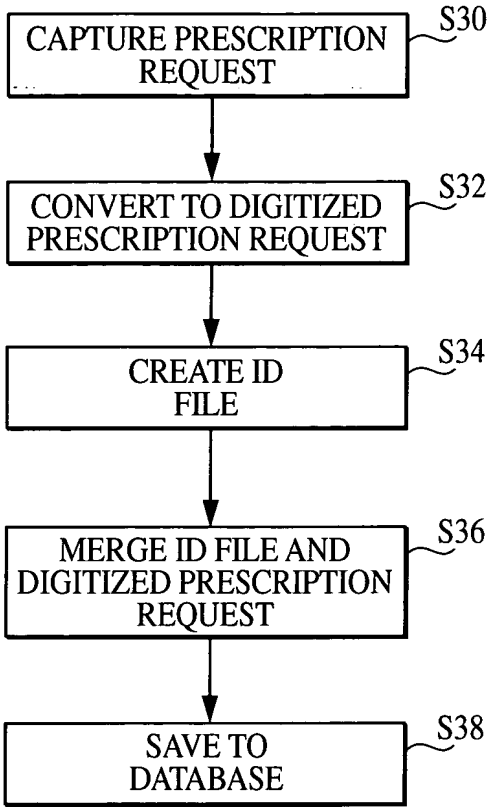
CAPTURE PRESCRIPTION REQUEST
S30
CONVERT TO DIGITIZED PRESCRIPTION REQUEST
S32
CREATE ID FILE
S34
MERGE ID FILE AND DIGITIZED PRESCRIPTION REQUEST
S36
SAVE TO DATABASE
S38

FIG. 3

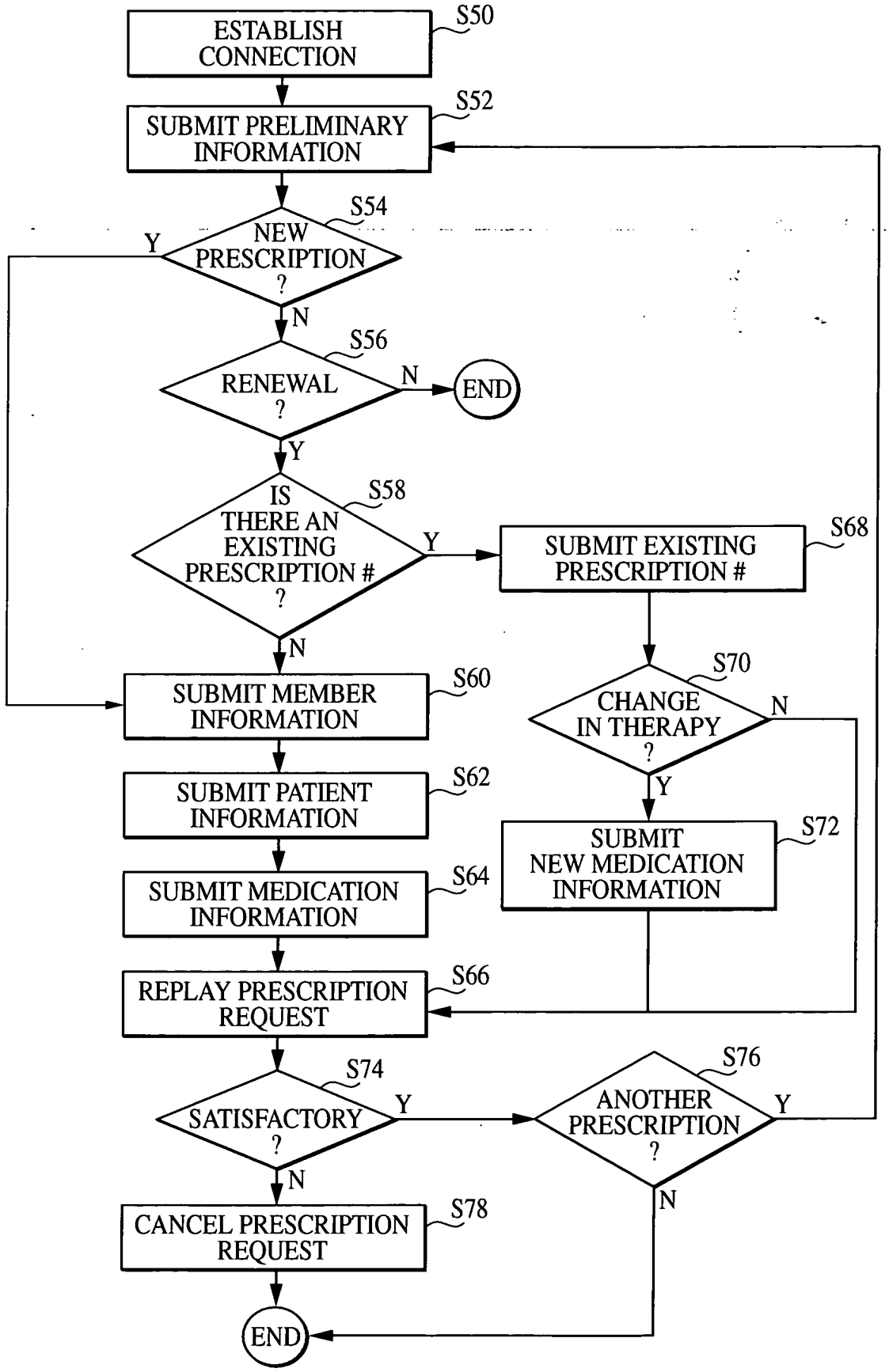
ESTABLISH CONNECTION
S50
SUBMIT PRELIMINARY INFORMATION
S52
NEW PRESCRIPTION ?
S54
Y
N
RENEWAL ?
S56
N
END
Y
IS THERE AN EXISTING PRESCRIPTION # ?
S58
Y
SUBMIT EXISTING PRESCRIPTION #
S68
N
SUBMIT MEMBER INFORMATION
S60
CHANGE IN THERAPY ?
S70
N
Y
SUBMIT PATIENT INFORMATION
S62
SUBMIT NEW MEDICATION INFORMATION
S72
SUBMIT MEDICATION INFORMATION
S64
REPLAY PRESCRIPTION REQUEST
S66
SATISFACTORY ?
S74
Y
ANOTHER PRESCRIPTION ?
S76
Y
N
N
CANCEL PRESCRIPTION REQUEST
S78
END

FIG. 4

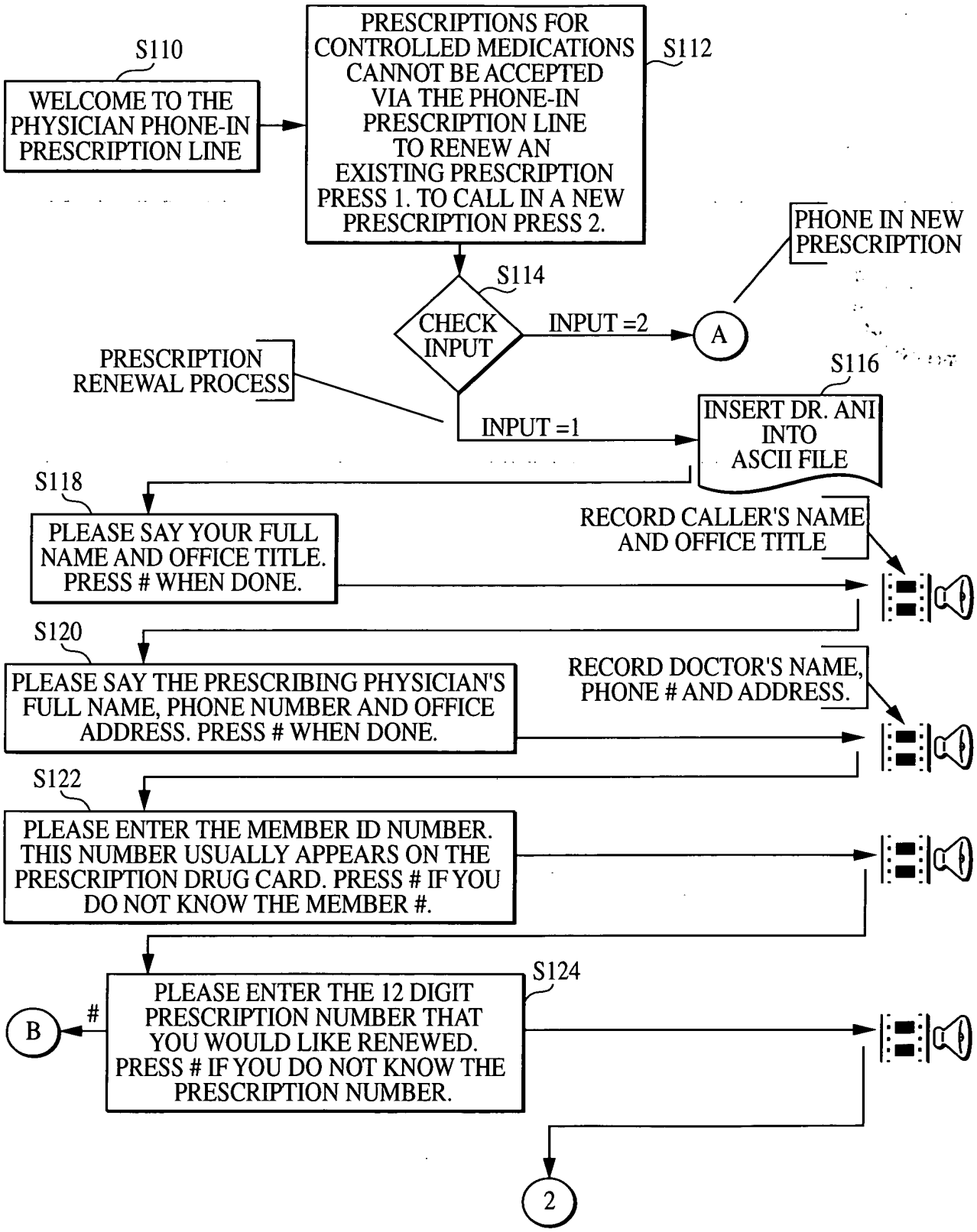
S110
WELCOME TO THE PHYSICIAN PHONE-IN PRESCRIPTION LINE
PRESCRIPTIONS FOR CONTROLLED MEDICATIONS CANNOT BE ACCEPTED VIA THE PHONE-IN PRESCRIPTION LINE TO RENEW AN EXISTING PRESCRIPTION PRESS 1. TO CALL IN A NEW PRESCRIPTION PRESS 2.
S112
S114
CHECK INPUT
INPUT =2
A
PHONE IN NEW PRESCRIPTION
PRESCRIPTION RENEWAL PROCESS
INPUT =1
S116
INSERT DR. ANI INTO ASCII FILE
S118
PLEASE SAY YOUR FULL NAME AND OFFICE TITLE. PRESS # WHEN DONE.
RECORD CALLER'S NAME AND OFFICE TITLE
S120
PLEASE SAY THE PRESCRIBING PHYSICIAN'S FULL NAME, PHONE NUMBER AND OFFICE ADDRESS. PRESS # WHEN DONE.
RECORD DOCTOR'S NAME, PHONE # AND ADDRESS.
S122
PLEASE ENTER THE MEMBER ID NUMBER. THIS NUMBER USUALLY APPEARS ON THE PRESCRIPTION DRUG CARD. PRESS # IF YOU DO NOT KNOW THE MEMBER #.
S124
PLEASE ENTER THE 12 DIGIT PRESCRIPTION NUMBER THAT YOU WOULD LIKE RENEWED. PRESS # IF YOU DO NOT KNOW THE PRESCRIPTION NUMBER.
#
B
2

FIG. 5A

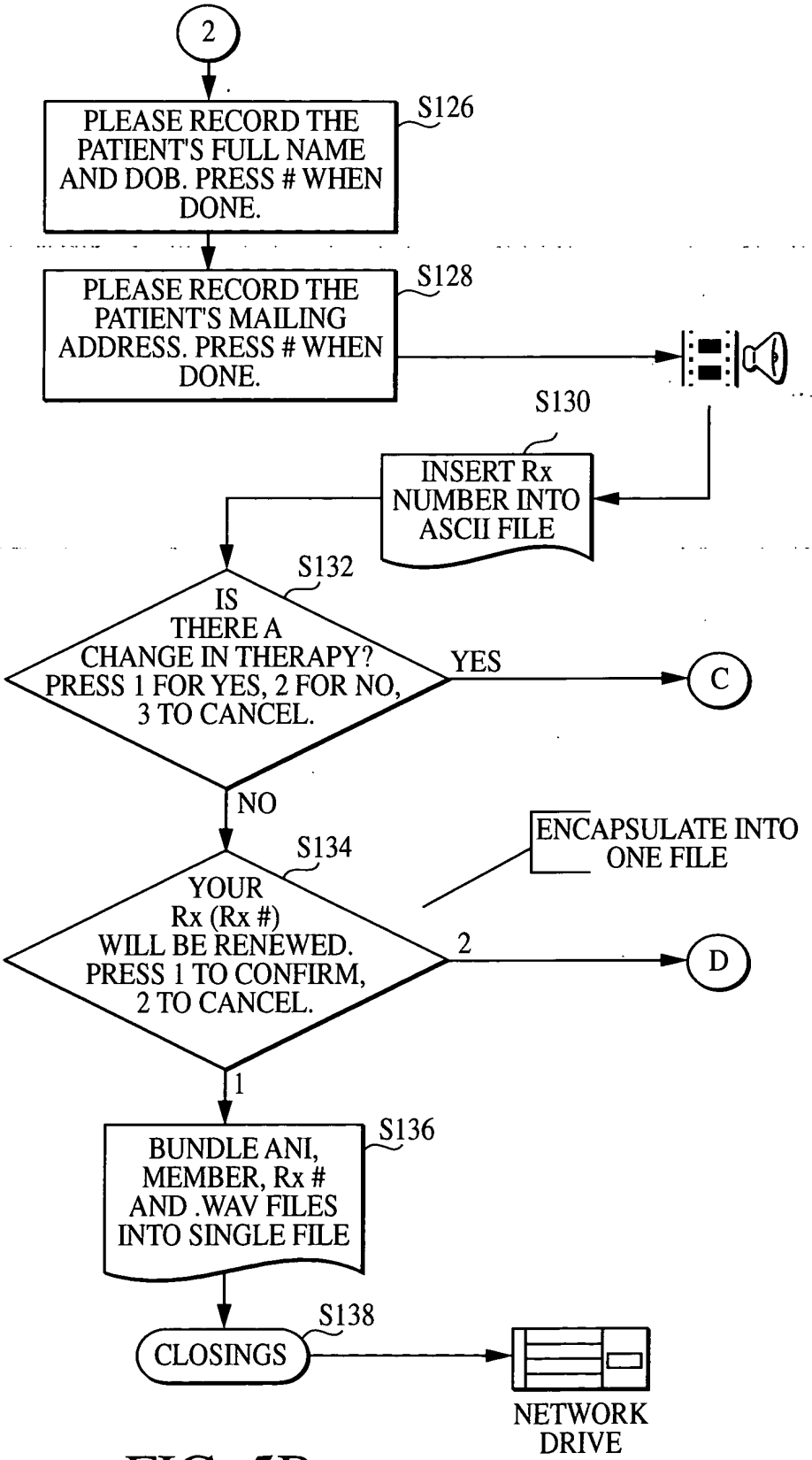
2
PLEASE RECORD THE PATIENT'S FULL NAME AND DOB. PRESS # WHEN DONE.
S126
PLEASE RECORD THE PATIENT'S MAILING ADDRESS. PRESS # WHEN DONE.
S128
S130
INSERT Rx NUMBER INTO ASCII FILE
S132
IS THERE A CHANGE IN THERAPY? PRESS 1 FOR YES, 2 FOR NO, 3 TO CANCEL.
YES
C
NO
S134
YOUR Rx (Rx #) WILL BE RENEWED. PRESS 1 TO CONFIRM, 2 TO CANCEL.
ENCAPSULATE INTO ONE FILE
2
D
1
BUNDLE ANI, MEMBER, Rx # AND .WAV FILES INTO SINGLE FILE
S136
CLOSINGS
S138
NETWORK DRIVE

FIG. 5B

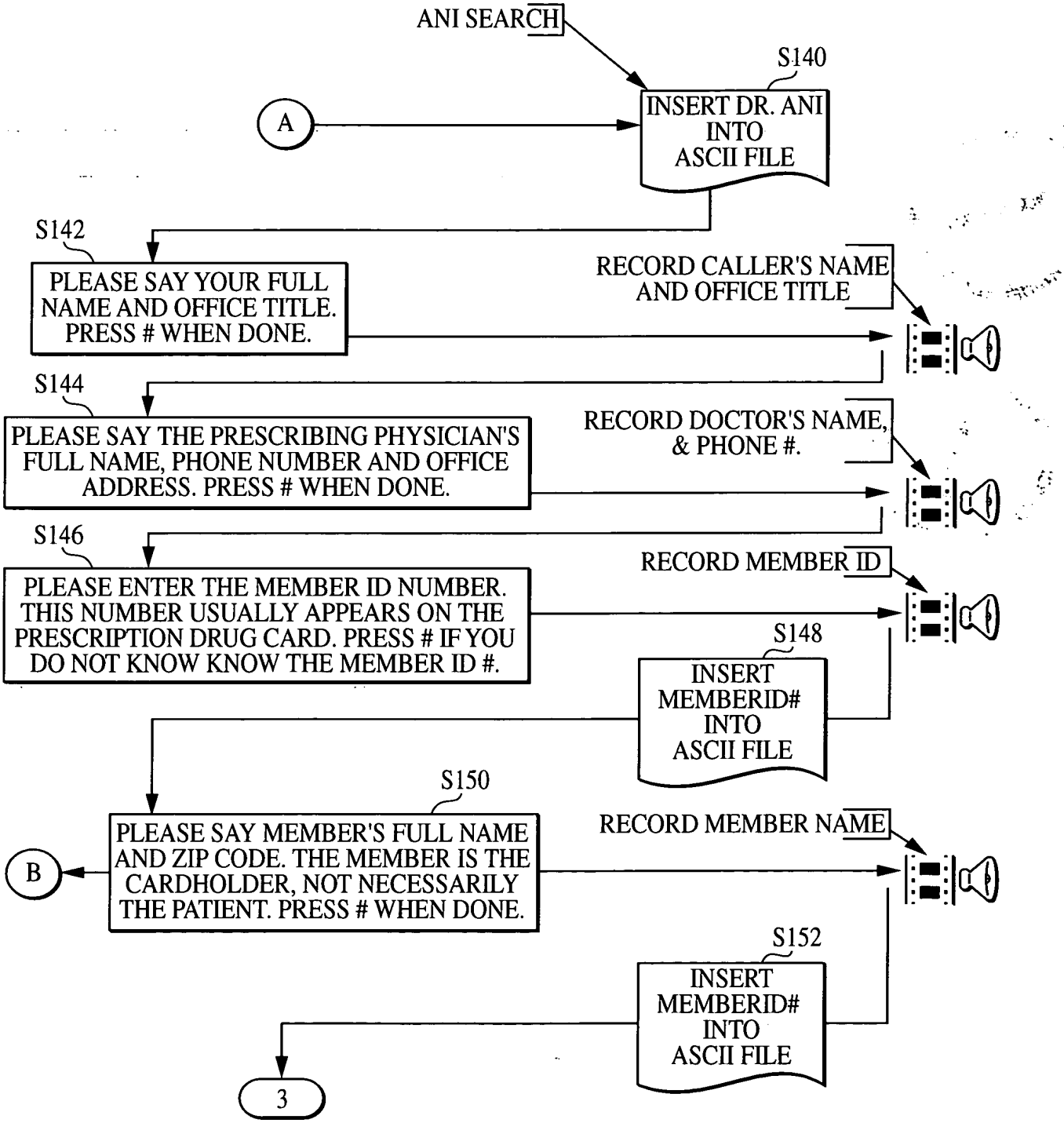
ANI SEARCH
S140
A
INSERT DR. ANI INTO ASCII FILE
S142
PLEASE SAY YOUR FULL NAME AND OFFICE TITLE. PRESS # WHEN DONE.
RECORD CALLER'S NAME AND OFFICE TITLE
S144
PLEASE SAY THE PRESCRIBING PHYSICIAN'S FULL NAME, PHONE NUMBER AND OFFICE ADDRESS. PRESS # WHEN DONE.
RECORD DOCTOR'S NAME, & PHONE #.
S146
PLEASE ENTER THE MEMBER ID NUMBER. THIS NUMBER USUALLY APPEARS ON THE PRESCRIPTION DRUG CARD. PRESS # IF YOU DO NOT KNOW KNOW THE MEMBER ID #.
RECORD MEMBER ID
S148
INSERT MEMBERID# INTO ASCII FILE
S150
B
PLEASE SAY MEMBER'S FULL NAME AND ZIP CODE. THE MEMBER IS THE CARDHOLDER, NOT NECESSARILY THE PATIENT. PRESS # WHEN DONE.
RECORD MEMBER NAME
S152
INSERT MEMBERID# INTO ASCII FILE
3

FIG. 5C

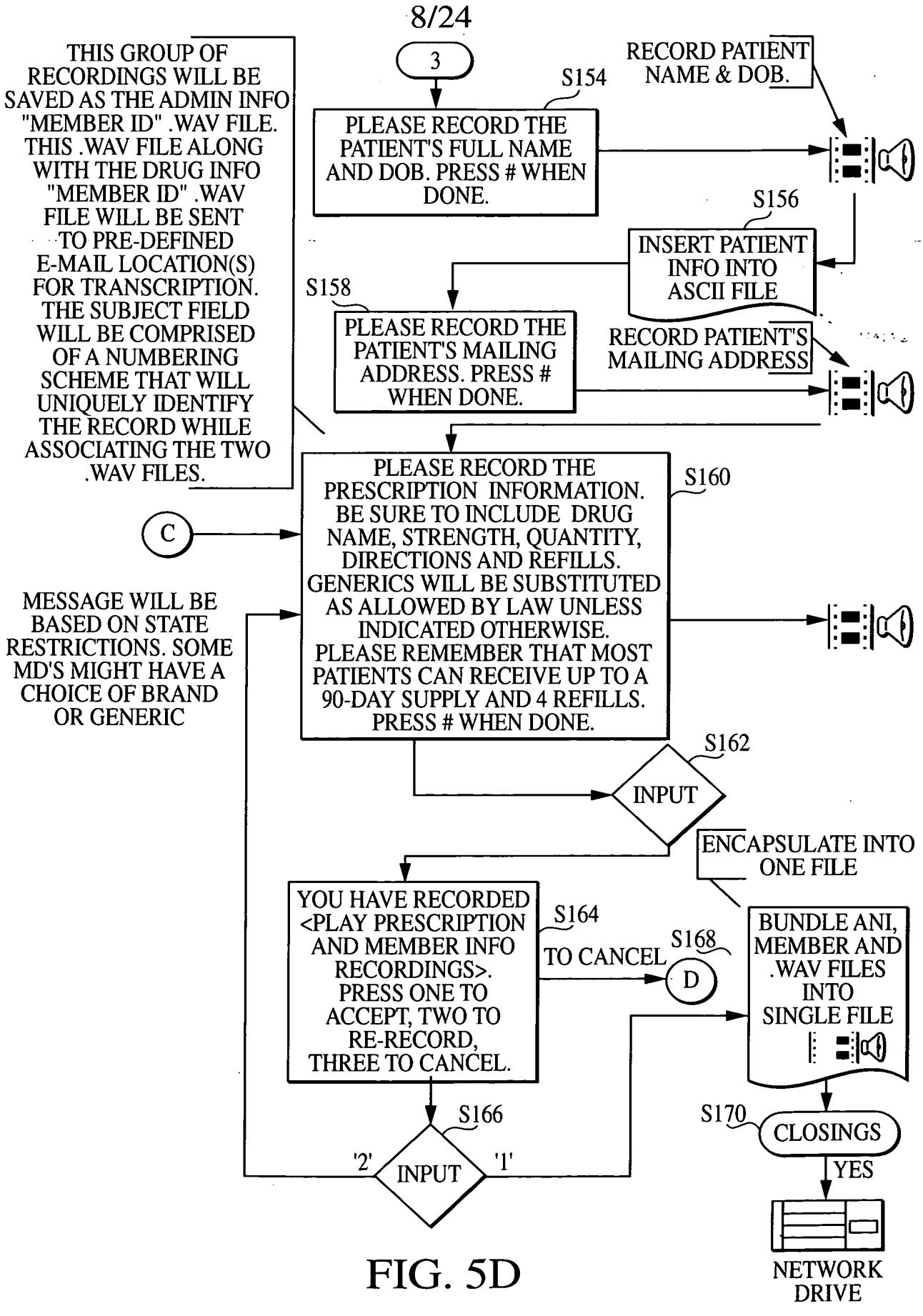
3
S154
PLEASE RECORD THE PATIENT'S FULL NAME AND DOB. PRESS # WHEN DONE.
RECORD PATIENT NAME & DOB.
S156
INSERT PATIENT INFO INTO ASCII FILE
S158
PLEASE RECORD THE PATIENT'S MAILING ADDRESS. PRESS # WHEN DONE.
RECORD PATIENT'S MAILING ADDRESS
THIS GROUP OF RECORDINGS WILL BE SAVED AS THE ADMIN INFO "MEMBER ID" .WAV FILE. THIS .WAV FILE ALONG WITH THE DRUG INFO "MEMBER ID" .WAV FILE WILL BE SENT TO PRE-DEFINED E-MAIL LOCATION(S) FOR TRANSCRIPTION. THE SUBJECT FIELD WILL BE COMPRISED OF A NUMBERING SCHEME THAT WILL UNIQUELY IDENTIFY THE RECORD WHILE ASSOCIATING THE TWO .WAV FILES.
C
PLEASE RECORD THE PRESCRIPTION INFORMATION. BE SURE TO INCLUDE DRUG NAME, STRENGTH, QUANTITY, DIRECTIONS AND REFILLS. GENERICS WILL BE SUBSTITUTED AS ALLOWED BY LAW UNLESS INDICATED OTHERWISE. PLEASE REMEMBER THAT MOST PATIENTS CAN RECEIVE UP TO A 90-DAY SUPPLY AND 4 REFILLS. PRESS # WHEN DONE.
S160
MESSAGE WILL BE BASED ON STATE RESTRICTIONS. SOME MD'S MIGHT HAVE A CHOICE OF BRAND OR GENERIC
S162
INPUT
ENCAPSULATE INTO ONE FILE
YOU HAVE RECORDED <PLAY PRESCRIPTION AND MEMBER INFO RECORDINGS>. PRESS ONE TO ACCEPT, TWO TO RE-RECORD, THREE TO CANCEL.
S164
TO CANCEL
S168
D
BUNDLE ANI, MEMBER AND .WAV FILES INTO SINGLE FILE
S166
'2'
INPUT
'1'
S170
CLOSINGS
YES
NETWORK DRIVE

FIG. 5D

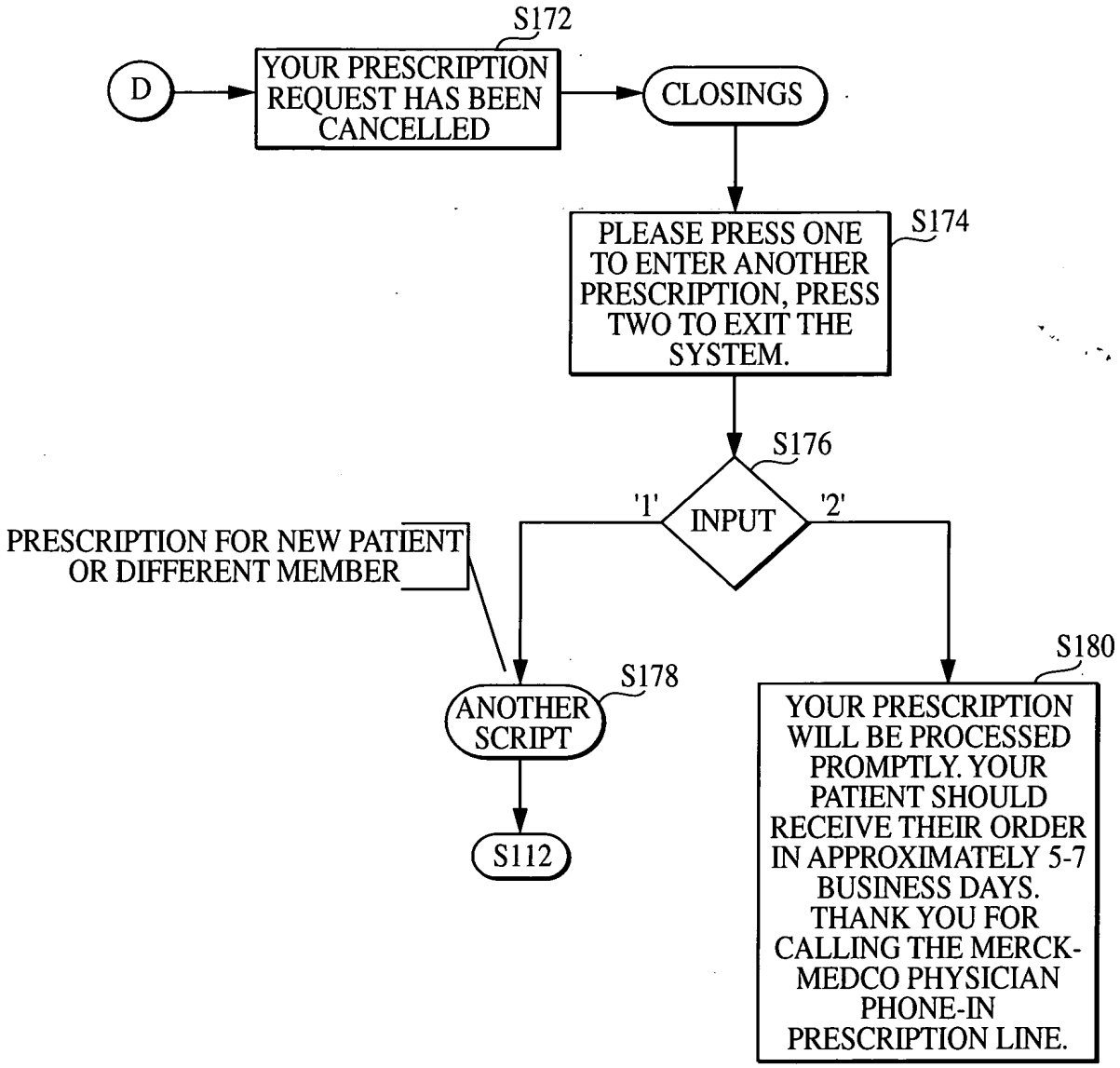
S172
D
YOUR PRESCRIPTION REQUEST HAS BEEN CANCELLED
CLOSINGS
PLEASE PRESS ONE TO ENTER ANOTHER PRESCRIPTION, PRESS TWO TO EXIT THE SYSTEM.
S174
S176
'1'
INPUT
'2'
PRESCRIPTION FOR NEW PATIENT OR DIFFERENT MEMBER
S178
ANOTHER SCRIPT
S112
S180
YOUR PRESCRIPTION WILL BE PROCESSED PROMPTLY. YOUR PATIENT SHOULD RECEIVE THEIR ORDER IN APPROXIMATELY 5-7 BUSINESS DAYS. THANK YOU FOR CALLING THE MERCK-MEDCO PHYSICIAN PHONE-IN PRESCRIPTION LINE.

FIG. 5E

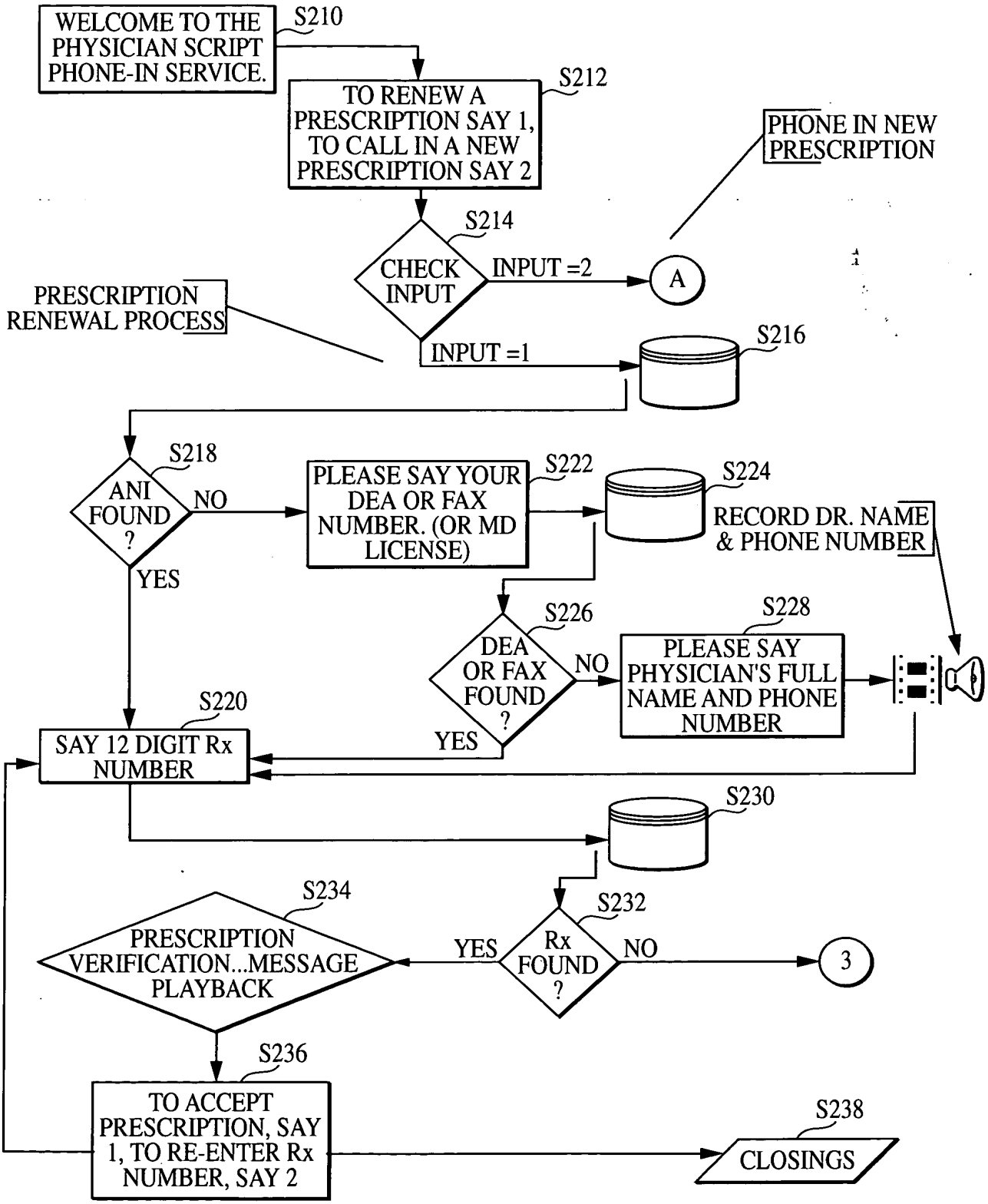
WELCOME TO THE PHYSICIAN SCRIPT PHONE-IN SERVICE.
S210
TO RENEW A PRESCRIPTION SAY 1, TO CALL IN A NEW PRESCRIPTION SAY 2
S212
PHONE IN NEW PRESCRIPTION
S214
CHECK INPUT
INPUT =2
A
PRESCRIPTION RENEWAL PROCESS
INPUT =1
S216
S218
ANI FOUND ?
NO
YES
PLEASE SAY YOUR DEA OR FAX NUMBER. (OR MD LICENSE)
S222
S224
RECORD DR. NAME & PHONE NUMBER
S226
DEA OR FAX FOUND ?
NO
YES
S228
PLEASE SAY PHYSICIAN'S FULL NAME AND PHONE NUMBER
S220
SAY 12 DIGIT Rx NUMBER
S230
S234
PRESCRIPTION VERIFICATION...MESSAGE PLAYBACK
S232
YES
Rx FOUND ?
NO
3
S236
TO ACCEPT PRESCRIPTION, SAY 1, TO RE-ENTER Rx NUMBER, SAY 2
S238
CLOSINGS

FIG. 6A

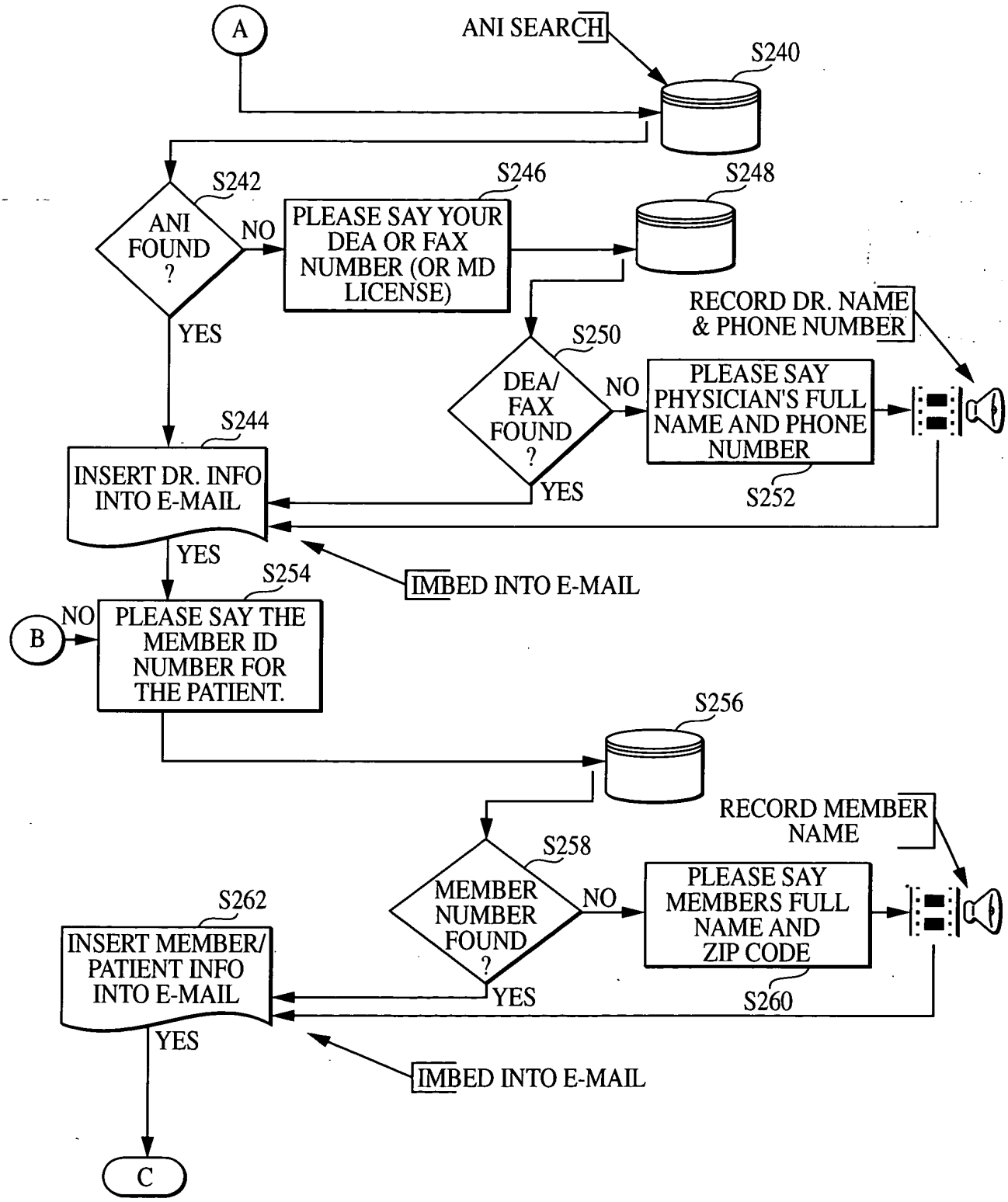
A
ANI SEARCH
S240
S242
ANI FOUND ?
NO
S246
PLEASE SAY YOUR DEA OR FAX NUMBER (OR MD LICENSE)
S248
YES
S250
DEA/ FAX FOUND ?
NO
PLEASE SAY PHYSICIAN'S FULL NAME AND PHONE NUMBER
S252
RECORD DR. NAME & PHONE NUMBER
S244
INSERT DR. INFO INTO E-MAIL
YES
IMBED INTO E-MAIL
S254
B
NO
PLEASE SAY THE MEMBER ID NUMBER FOR THE PATIENT.
S256
RECORD MEMBER NAME
S258
MEMBER NUMBER FOUND ?
NO
PLEASE SAY MEMBERS FULL NAME AND ZIP CODE
S260
S262
INSERT MEMBER/ PATIENT INFO INTO E-MAIL
YES
IMBED INTO E-MAIL
C

FIG. 6B

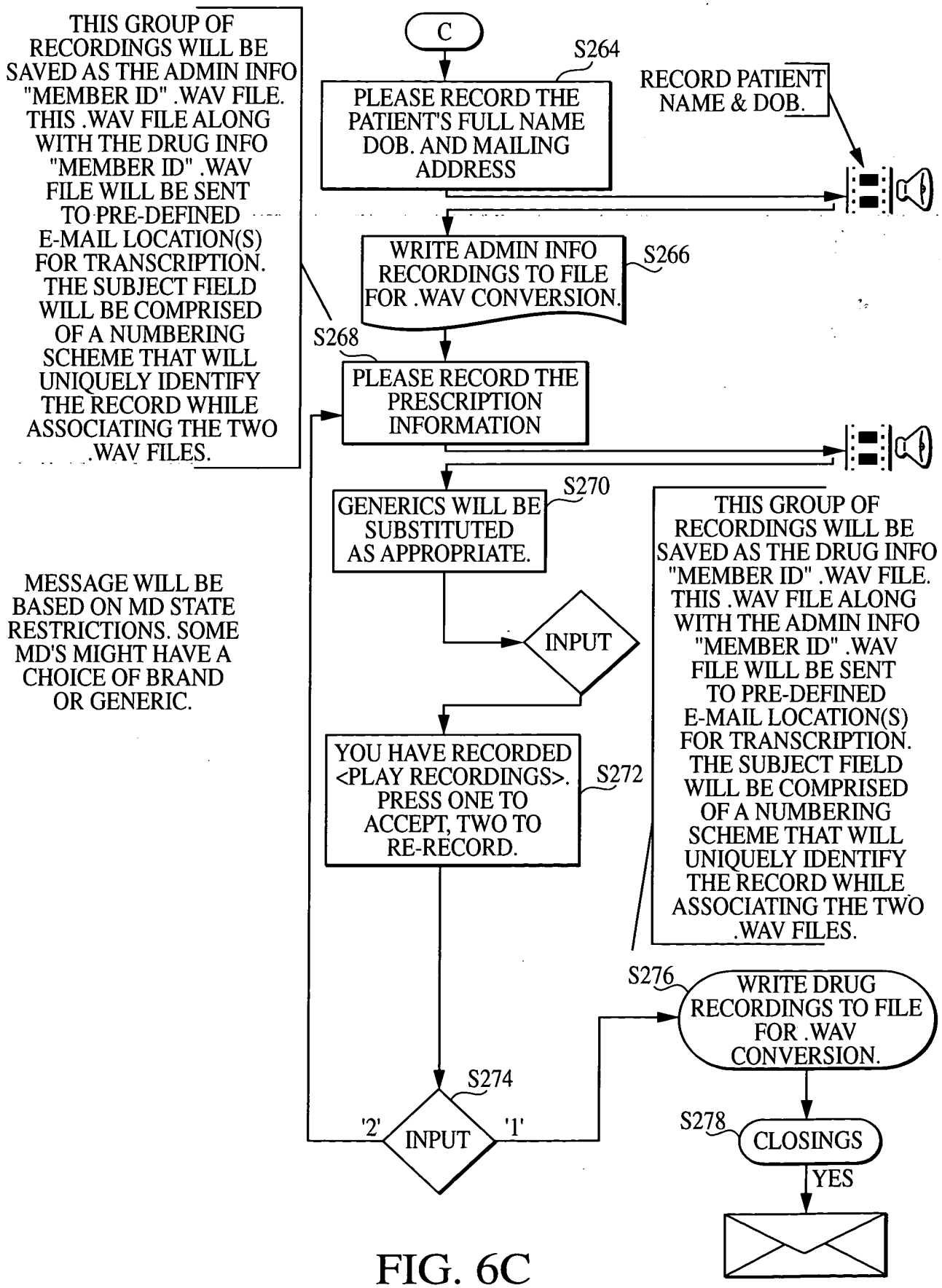
C
S264
PLEASE RECORD THE PATIENT'S FULL NAME DOB. AND MAILING ADDRESS
RECORD PATIENT NAME & DOB.
WRITE ADMIN INFO RECORDINGS TO FILE FOR .WAV CONVERSION.
S266
S268
PLEASE RECORD THE PRESCRIPTION INFORMATION
GENERICS WILL BE SUBSTITUTED AS APPROPRIATE.
S270
INPUT
YOU HAVE RECORDED <PLAY RECORDINGS>. PRESS ONE TO ACCEPT, TWO TO RE-RECORD.
S272
S274
'2'
INPUT
'1'
S276
WRITE DRUG RECORDINGS TO FILE FOR .WAV CONVERSION.
S278
CLOSINGS
YES
THIS GROUP OF RECORDINGS WILL BE SAVED AS THE ADMIN INFO "MEMBER ID" .WAV FILE. THIS .WAV FILE ALONG WITH THE DRUG INFO "MEMBER ID" .WAV FILE WILL BE SENT TO PRE-DEFINED E-MAIL LOCATION(S) FOR TRANSCRIPTION. THE SUBJECT FIELD WILL BE COMPRISED OF A NUMBERING SCHEME THAT WILL UNIQUELY IDENTIFY THE RECORD WHILE ASSOCIATING THE TWO .WAV FILES.
MESSAGE WILL BE BASED ON MD STATE RESTRICTIONS. SOME MD'S MIGHT HAVE A CHOICE OF BRAND OR GENERIC.
THIS GROUP OF RECORDINGS WILL BE SAVED AS THE DRUG INFO "MEMBER ID" .WAV FILE. THIS .WAV FILE ALONG WITH THE ADMIN INFO "MEMBER ID" .WAV FILE WILL BE SENT TO PRE-DEFINED E-MAIL LOCATION(S) FOR TRANSCRIPTION. THE SUBJECT FIELD WILL BE COMPRISED OF A NUMBERING SCHEME THAT WILL UNIQUELY IDENTIFY THE RECORD WHILE ASSOCIATING THE TWO .WAV FILES.

FIG. 6C

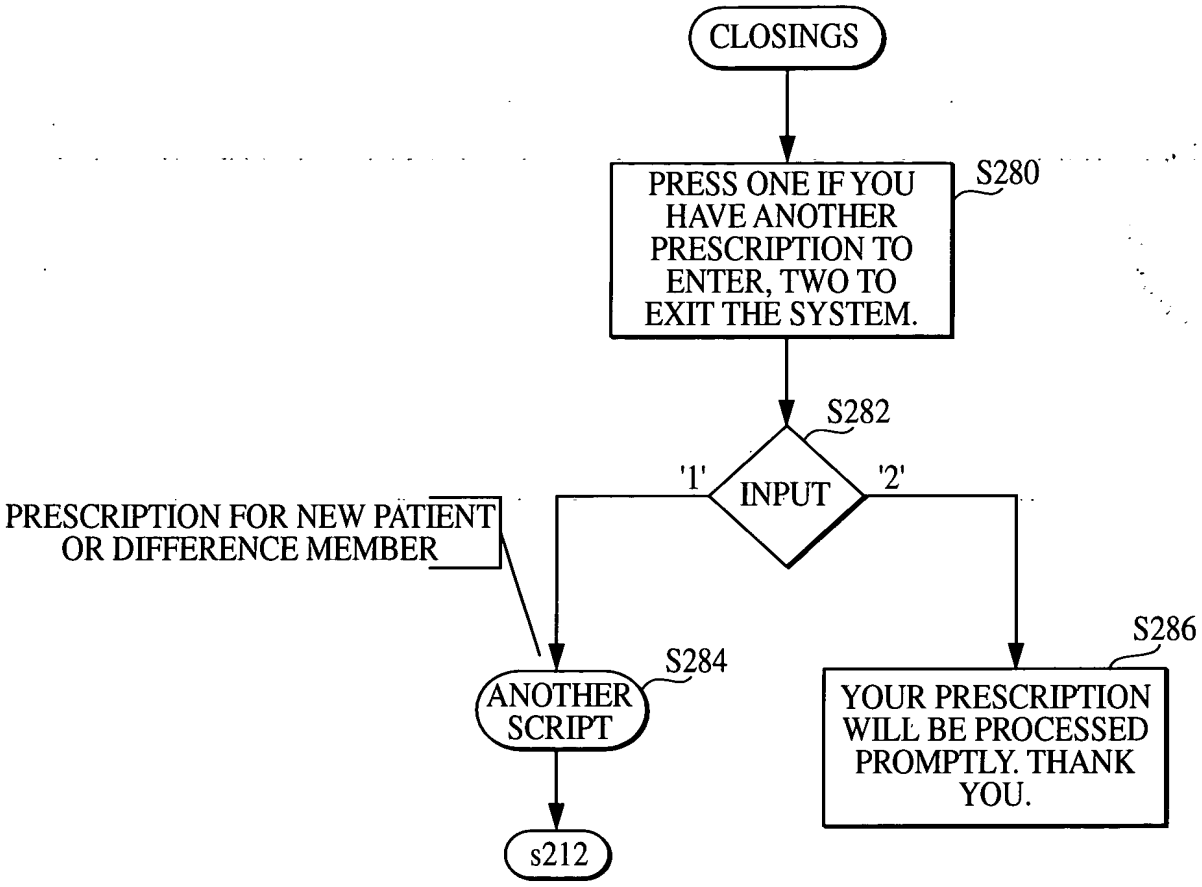
CLOSINGS
PRESS ONE IF YOU HAVE ANOTHER PRESCRIPTION TO ENTER, TWO TO EXIT THE SYSTEM.
S280
S282
INPUT
'1'
'2'
PRESCRIPTION FOR NEW PATIENT OR DIFFERENCE MEMBER
ANOTHER SCRIPT
S284
YOUR PRESCRIPTION WILL BE PROCESSED PROMPTLY. THANK YOU.
S286
s212

FIG. 6D

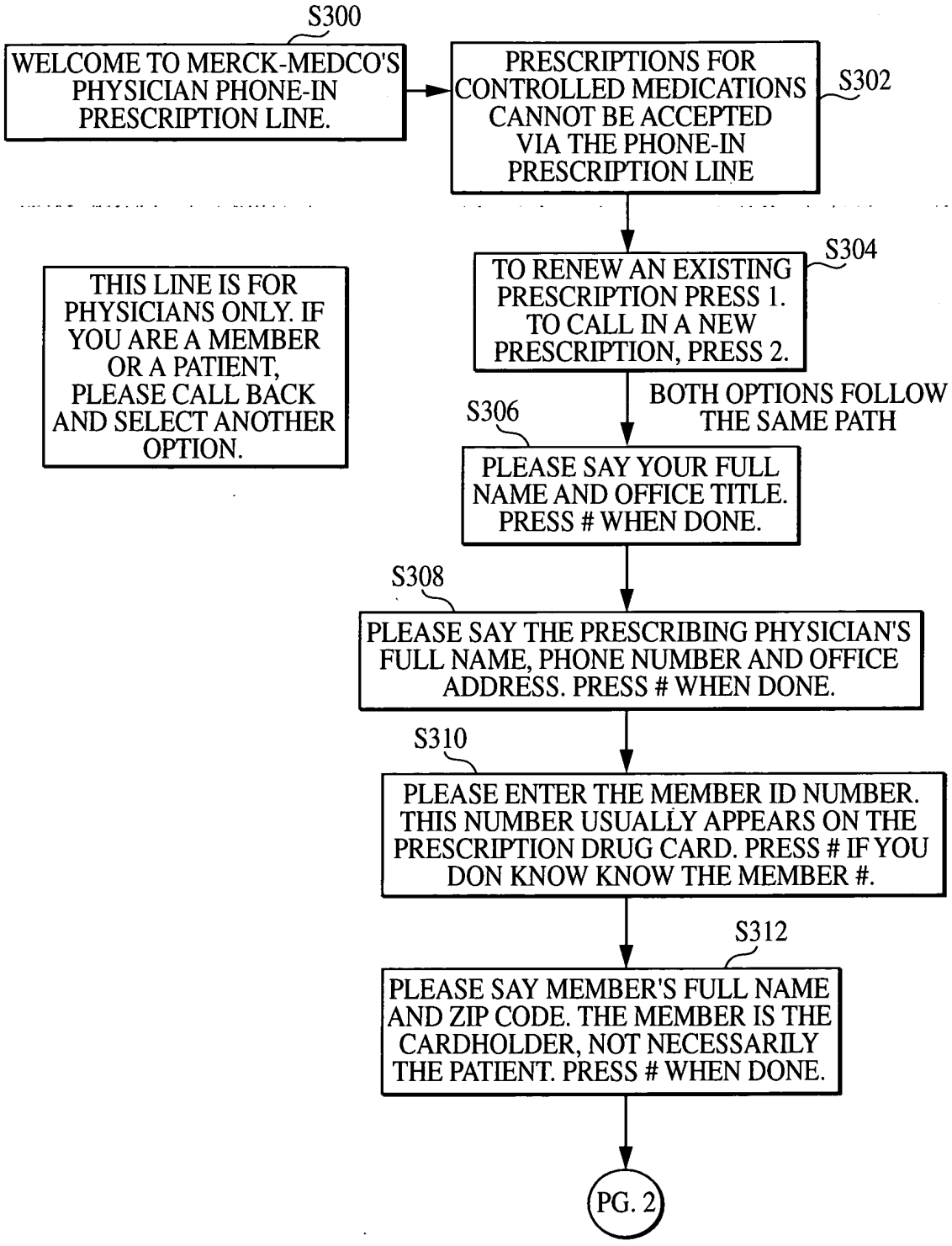
S300
WELCOME TO MERCK-MEDCO'S PHYSICIAN PHONE-IN PRESCRIPTION LINE.
PRESCRIPTIONS FOR CONTROLLED MEDICATIONS CANNOT BE ACCEPTED VIA THE PHONE-IN PRESCRIPTION LINE
S302
THIS LINE IS FOR PHYSICIANS ONLY. IF YOU ARE A MEMBER OR A PATIENT, PLEASE CALL BACK AND SELECT ANOTHER OPTION.
TO RENEW AN EXISTING PRESCRIPTION PRESS 1. TO CALL IN A NEW PRESCRIPTION, PRESS 2.
S304
BOTH OPTIONS FOLLOW THE SAME PATH
S306
PLEASE SAY YOUR FULL NAME AND OFFICE TITLE. PRESS # WHEN DONE.
S308
PLEASE SAY THE PRESCRIBING PHYSICIAN'S FULL NAME, PHONE NUMBER AND OFFICE ADDRESS. PRESS # WHEN DONE.
S310
PLEASE ENTER THE MEMBER ID NUMBER. THIS NUMBER USUALLY APPEARS ON THE PRESCRIPTION DRUG CARD. PRESS # IF YOU DON KNOW KNOW THE MEMBER #.
S312
PLEASE SAY MEMBER'S FULL NAME AND ZIP CODE. THE MEMBER IS THE CARDHOLDER, NOT NECESSARILY THE PATIENT. PRESS # WHEN DONE.
PG. 2

FIG. 7A

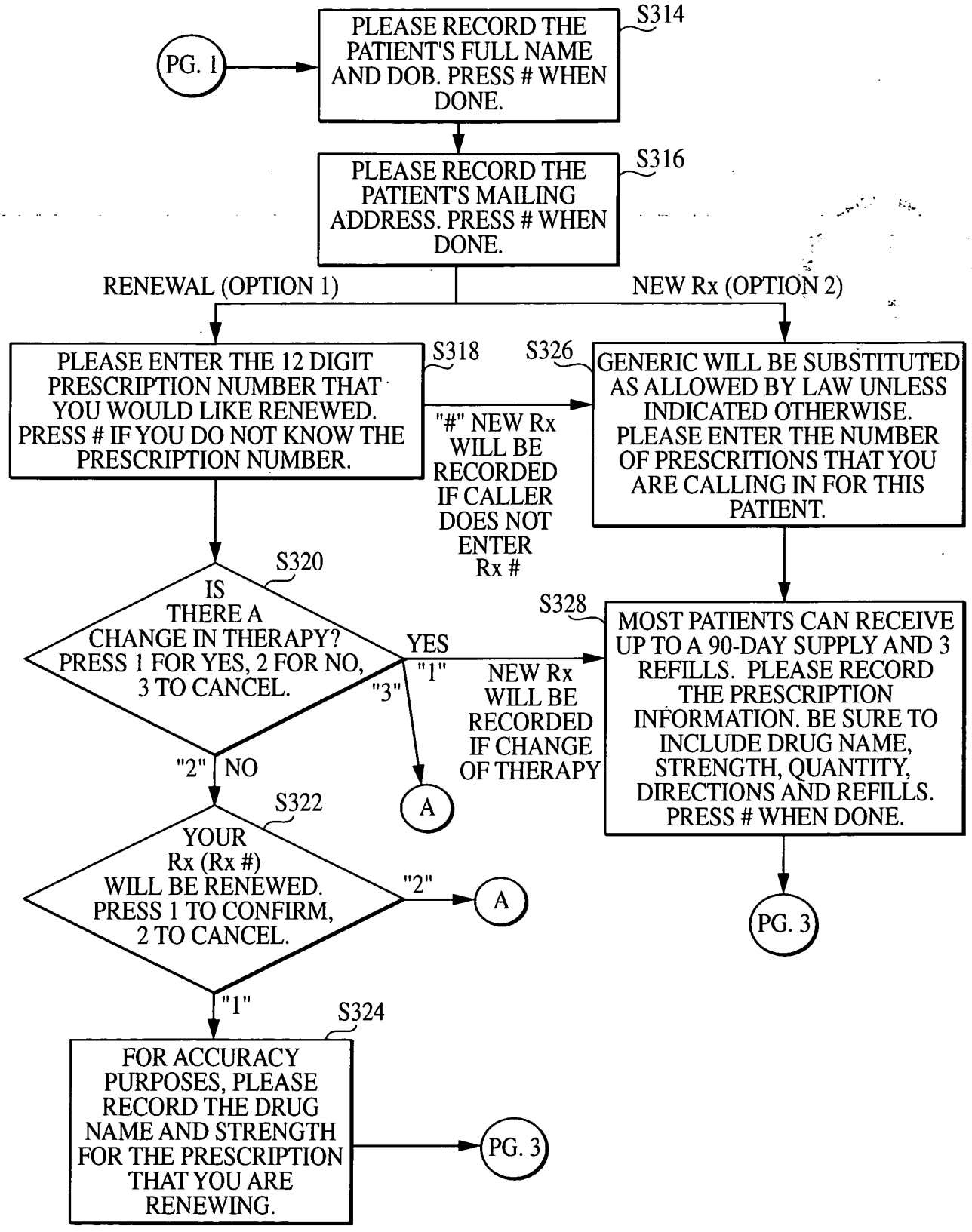
PG. 1
PLEASE RECORD THE PATIENT'S FULL NAME AND DOB. PRESS # WHEN DONE.
S314
PLEASE RECORD THE PATIENT'S MAILING ADDRESS. PRESS # WHEN DONE.
S316
RENEWAL (OPTION 1)
NEW Rx (OPTION 2)
PLEASE ENTER THE 12 DIGIT PRESCRIPTION NUMBER THAT YOU WOULD LIKE RENEWED. PRESS # IF YOU DO NOT KNOW THE PRESCRIPTION NUMBER.
S318
"#" NEW Rx WILL BE RECORDED IF CALLER DOES NOT ENTER Rx #
S326
GENERIC WILL BE SUBSTITUTED AS ALLOWED BY LAW UNLESS INDICATED OTHERWISE. PLEASE ENTER THE NUMBER OF PRESCRITIONS THAT YOU ARE CALLING IN FOR THIS PATIENT.
S320
IS THERE A CHANGE IN THERAPY? PRESS 1 FOR YES, 2 FOR NO, 3 TO CANCEL.
YES
"1"
"3"
NEW Rx WILL BE RECORDED IF CHANGE OF THERAPY
S328
MOST PATIENTS CAN RECEIVE UP TO A 90-DAY SUPPLY AND 3 REFILLS. PLEASE RECORD THE PRESCRIPTION INFORMATION. BE SURE TO INCLUDE DRUG NAME, STRENGTH, QUANTITY, DIRECTIONS AND REFILLS. PRESS # WHEN DONE.
"2"
NO
A
S322
YOUR Rx (Rx #) WILL BE RENEWED. PRESS 1 TO CONFIRM, 2 TO CANCEL.
"2"
A
"1"
S324
FOR ACCURACY PURPOSES, PLEASE RECORD THE DRUG NAME AND STRENGTH FOR THE PRESCRIPTION THAT YOU ARE RENEWING.
PG. 3
PG. 3

FIG. 7B

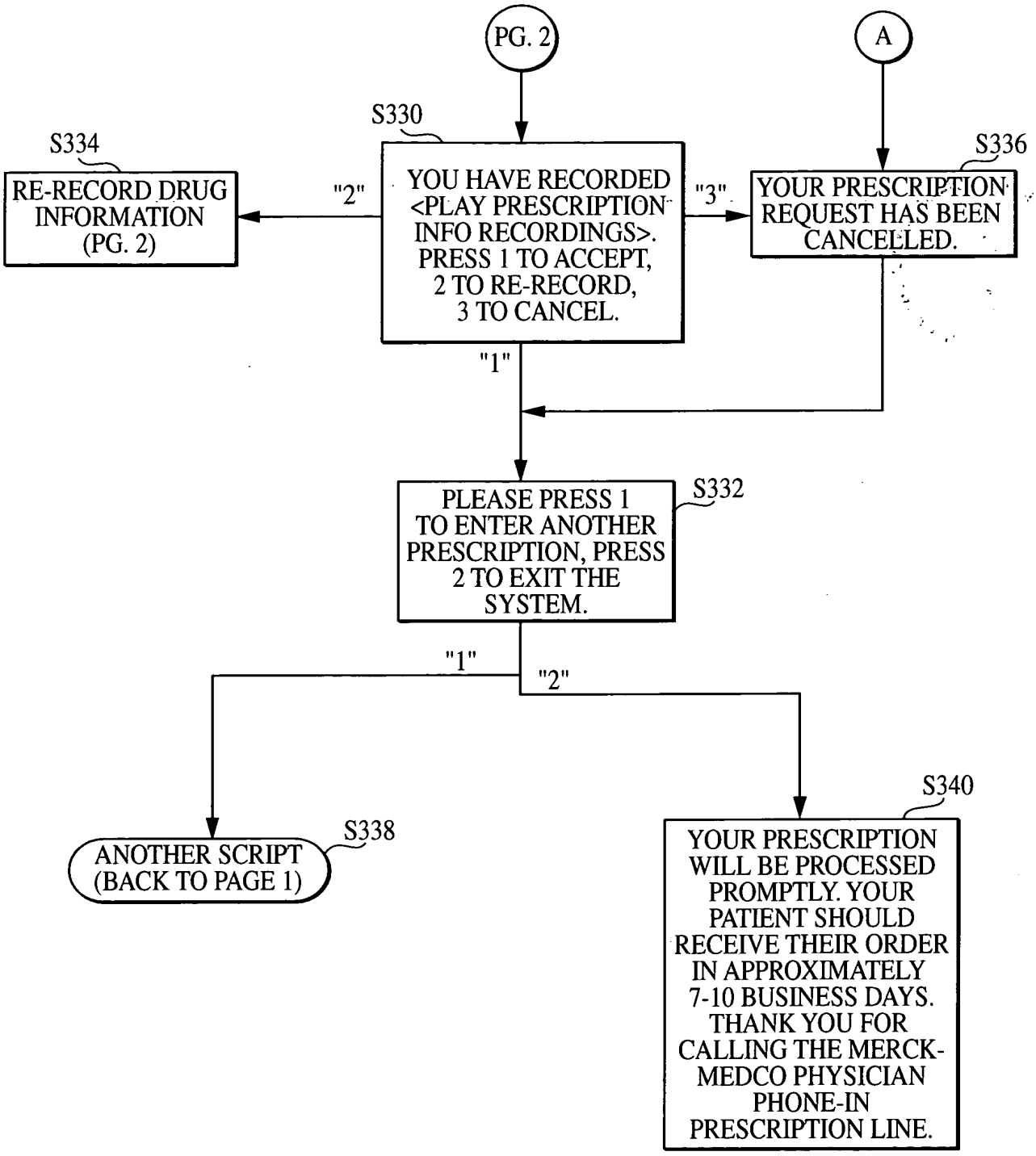
PG. 2
A
S330
S334
S336
RE-RECORD DRUG INFORMATION (PG. 2)
"2"
YOU HAVE RECORDED <PLAY PRESCRIPTION INFO RECORDINGS>. PRESS 1 TO ACCEPT, 2 TO RE-RECORD, 3 TO CANCEL.
"3"
YOUR PRESCRIPTION REQUEST HAS BEEN CANCELLED.
"1"
PLEASE PRESS 1 TO ENTER ANOTHER PRESCRIPTION, PRESS 2 TO EXIT THE SYSTEM.
S332
"1"
"2"
S338
ANOTHER SCRIPT (BACK TO PAGE 1)
S340
YOUR PRESCRIPTION WILL BE PROCESSED PROMPTLY. YOUR PATIENT SHOULD RECEIVE THEIR ORDER IN APPROXIMATELY 7-10 BUSINESS DAYS. THANK YOU FOR CALLING THE MERCK-MEDCO PHYSICIAN PHONE-IN PRESCRIPTION LINE.

FIG. 7C

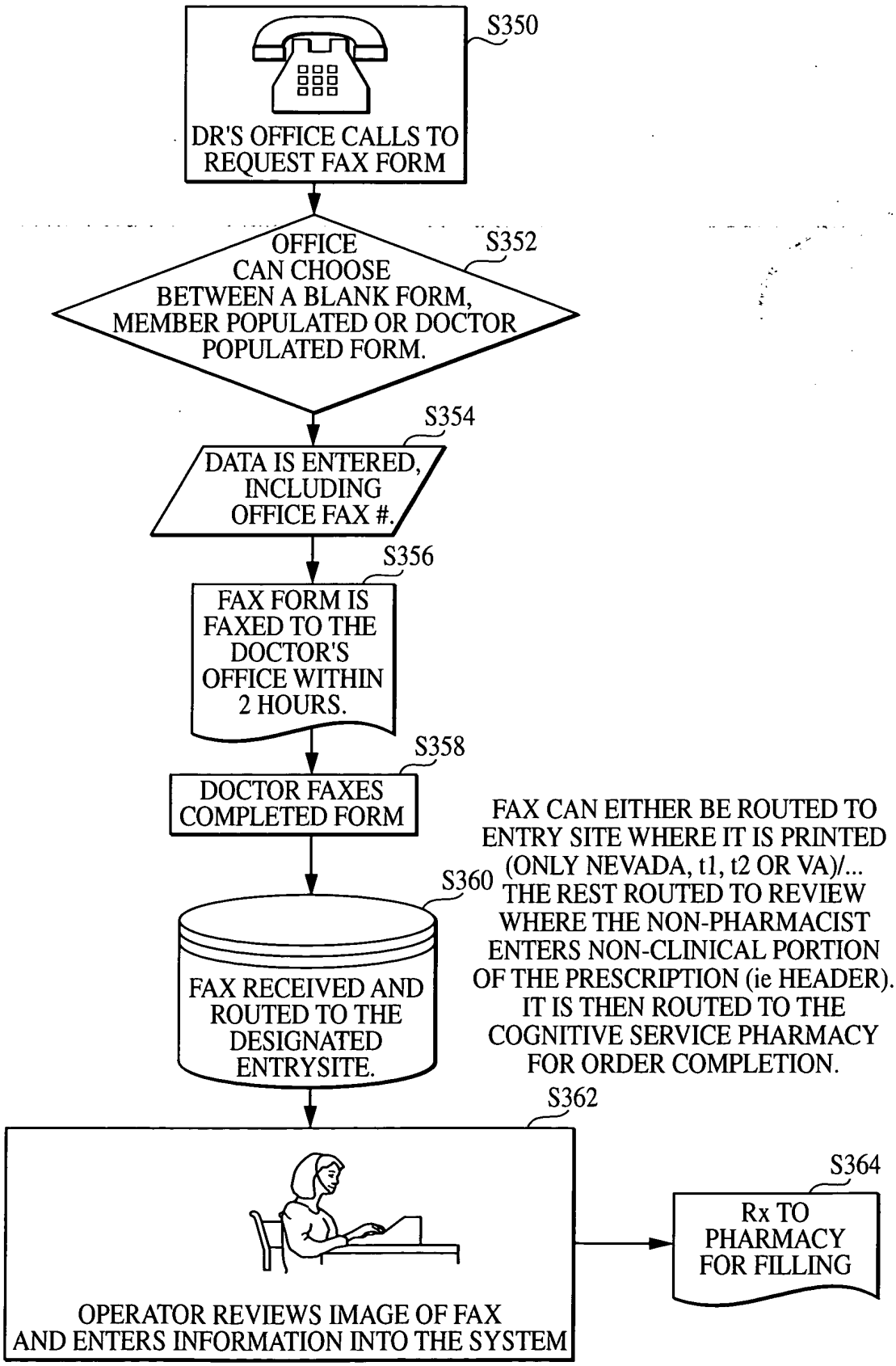
S350
DR'S OFFICE CALLS TO REQUEST FAX FORM
S352
OFFICE CAN CHOOSE BETWEEN A BLANK FORM, MEMBER POPULATED OR DOCTOR POPULATED FORM.
S354
DATA IS ENTERED, INCLUDING OFFICE FAX #.
S356
FAX FORM IS FAXED TO THE DOCTOR'S OFFICE WITHIN 2 HOURS.
S358
DOCTOR FAXES COMPLETED FORM
S360
FAX RECEIVED AND ROUTED TO THE DESIGNATED ENTRYSITE.
FAX CAN EITHER BE ROUTED TO ENTRY SITE WHERE IT IS PRINTED (ONLY NEVADA, t1, t2 OR VA)/... THE REST ROUTED TO REVIEW WHERE THE NON-PHARMACIST ENTERS NON-CLINICAL PORTION OF THE PRESCRIPTION (ie HEADER). IT IS THEN ROUTED TO THE COGNITIVE SERVICE PHARMACY FOR ORDER COMPLETION.
S362
OPERATOR REVIEWS IMAGE OF FAX AND ENTERS INFORMATION INTO THE SYSTEM
S364
Rx TO PHARMACY FOR FILLING

FIG. 8

Prescription Fax Form

Please fully complete steps 1 to 4 below to help ensure timely processing of your patient's prescription

Questions: Call Customer Service

34191

STEP 1 Fill in both the **Subscriber** and the **Patient** information below.

Prescription Drug Card Member #:
(Usually different than the health plan ID #) _____

Subscriber Information (card holder):

Name:(First) _____ (Last) _____

Address: _____

City _____ State _____ Zip Code _____ Phone _____

Patient Name:(First) _____ (Last) _____ DOB: _____

STEP 2:
Confirm your office's secure fax #. Check the box to indicate a change, and write in the correct #.

_____

☐ New fax #:

_____

STEP 3:
Complete for new patients or for patients with changes in health.
Please check all that apply:

Allergies:
☐ None ☐ Sulfa ☐ Penicillin
☐ Aspirin ☐ Codeine ☐ Iodine

Medical Conditions:
☐ Heart ☐ Asthma ☐ High B.P.
☐ Ulcer ☐ Glaucoma

Other _____

STEP 4 Please tape the prescription from your prescription pad here (Most patients can receive up to a 90-day supply and 4 refills.)

TAPE PRESCRIPTION HERE

Please confirm you have included:

On the form:

- Subscriber's Drug Card Number

On the prescription:

- Patient's Full Name
- Patient's Date of Birth
- Date Prescription Written

Your Signature

FIG. 9

AUTOFAX FLOW RENEWAL

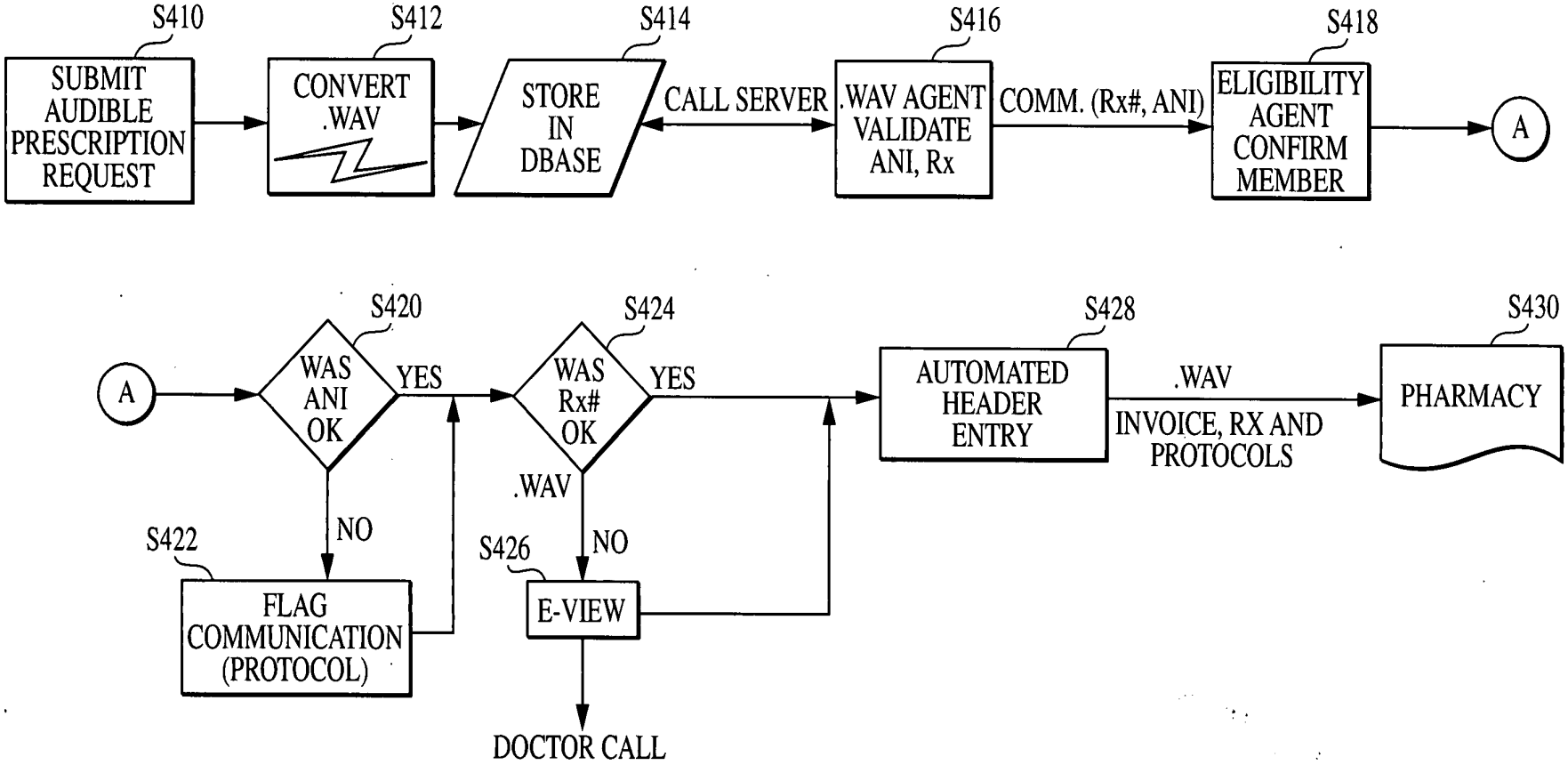

FIG. 10A

AUTOFAX FLOW NEW Rx

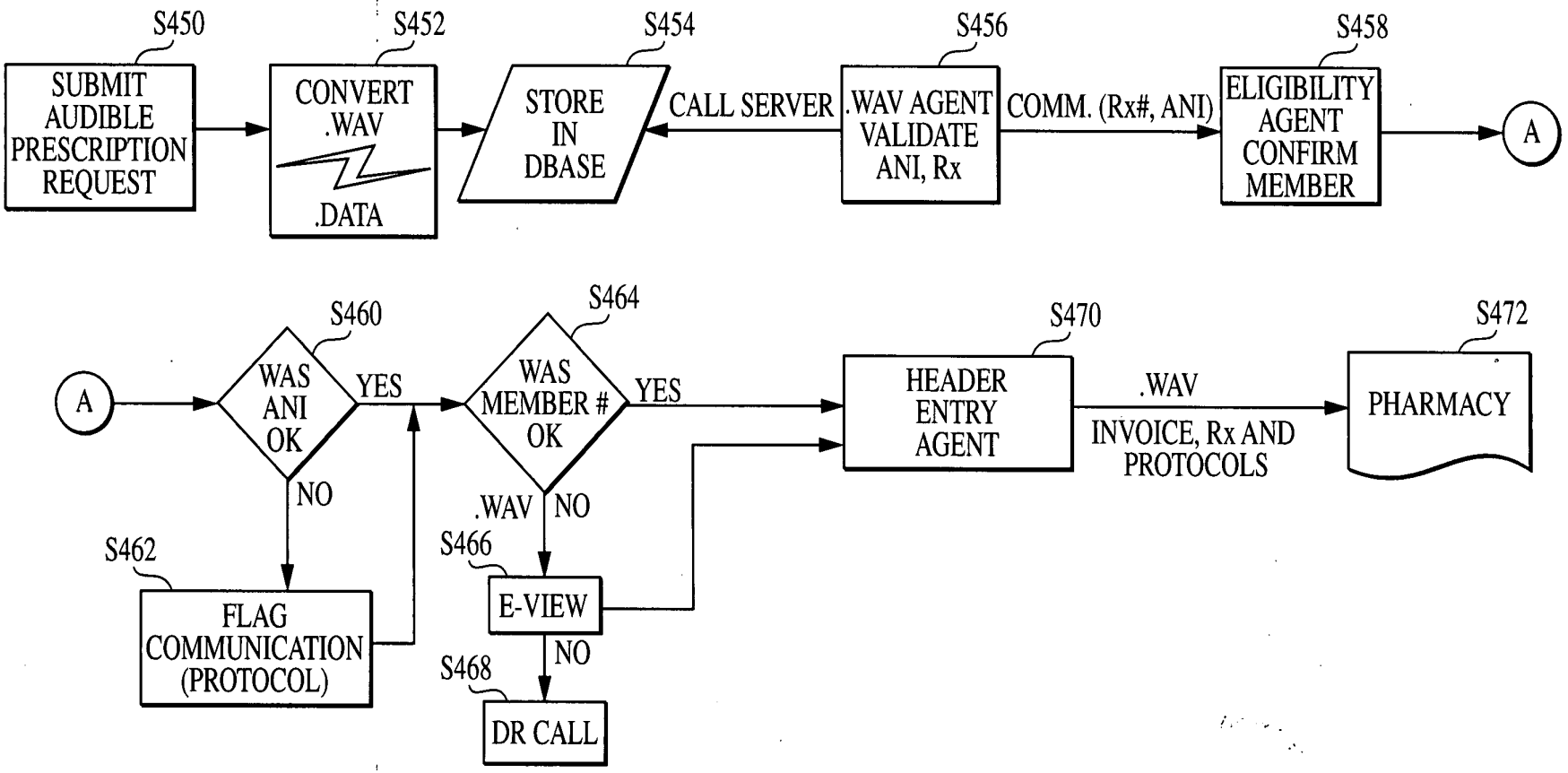

FIG. 10B

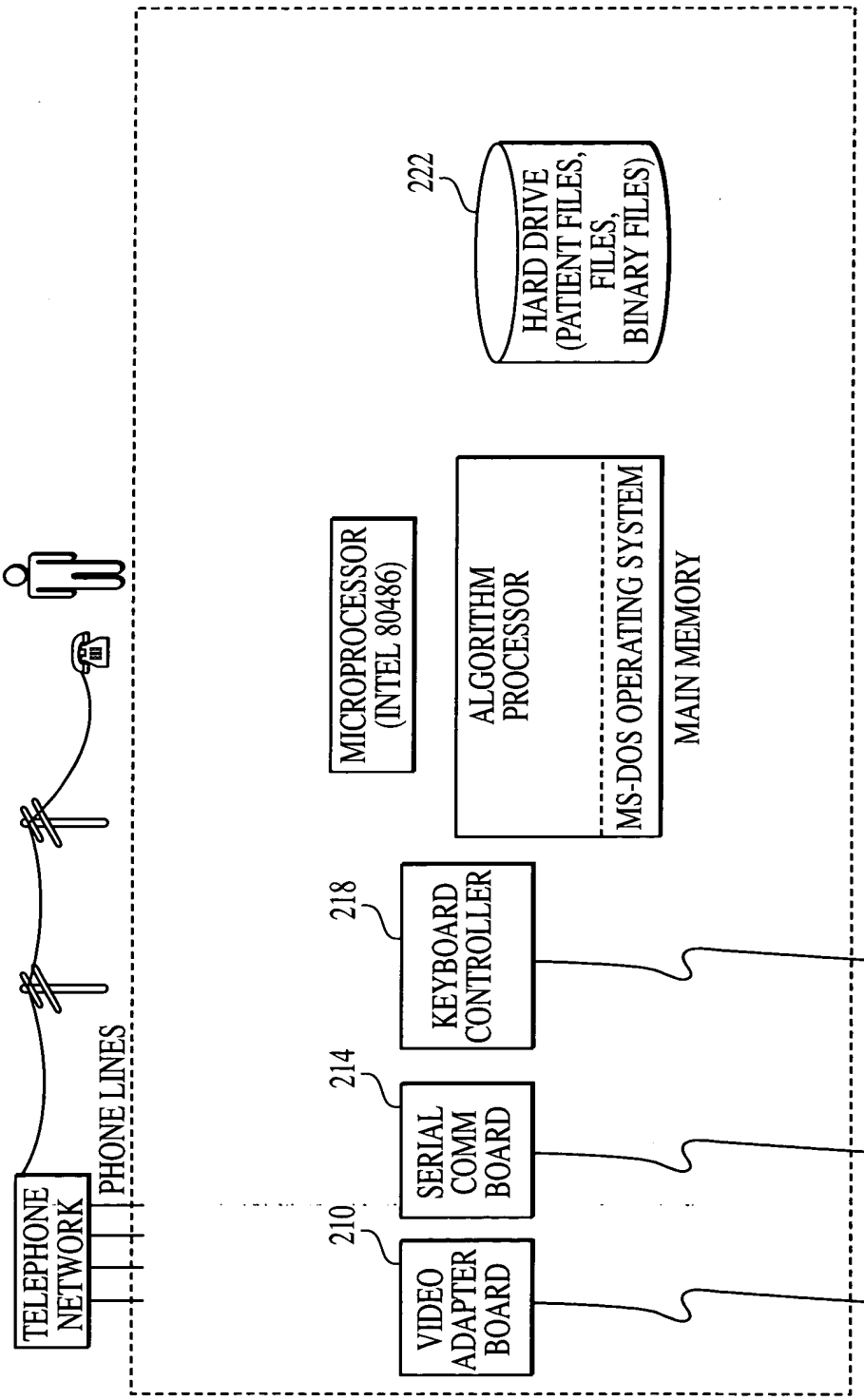

FIG. 11
COMPUTER

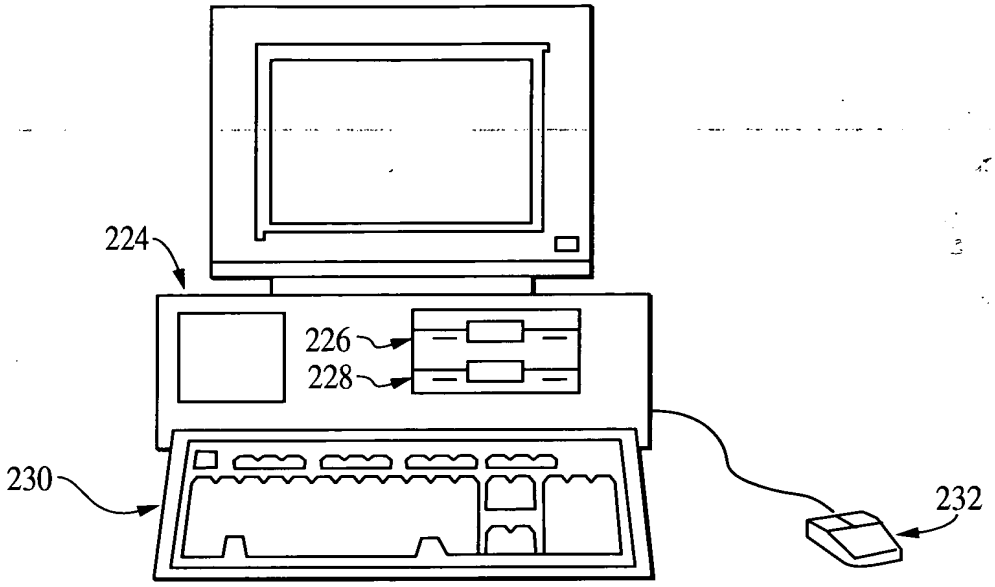

FIG. 12
COMPUTER CONCEPTUAL

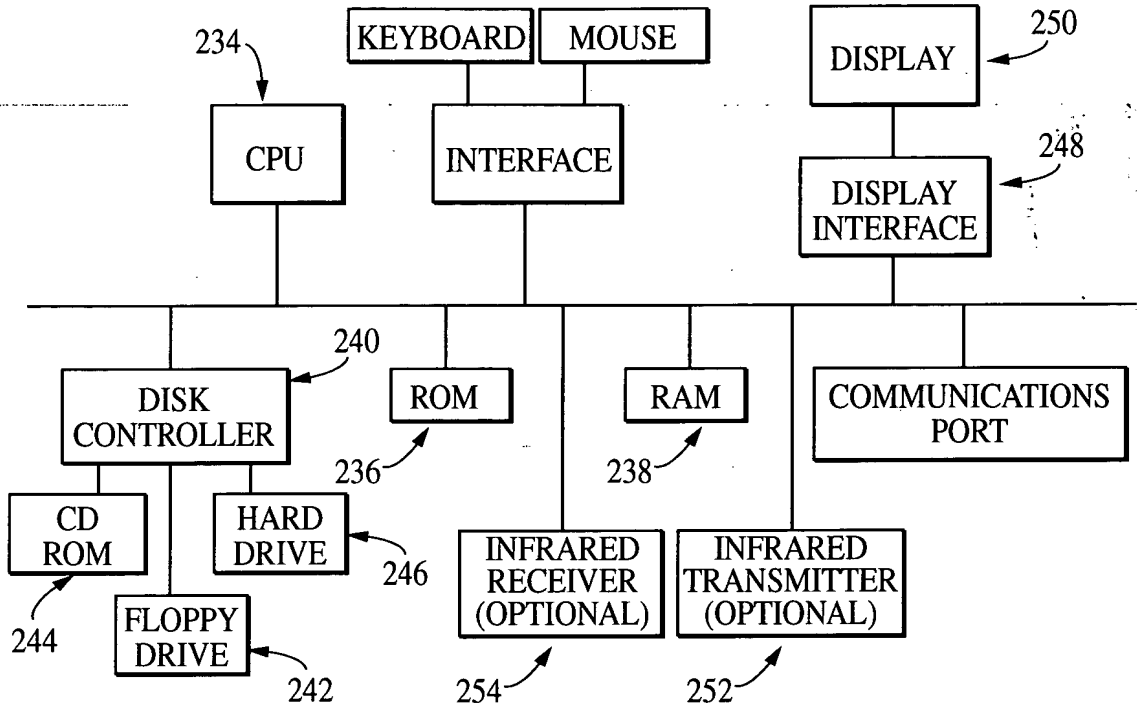

FIG. 13
FLOW OF POTENTIAL COMPUTER PROCESS

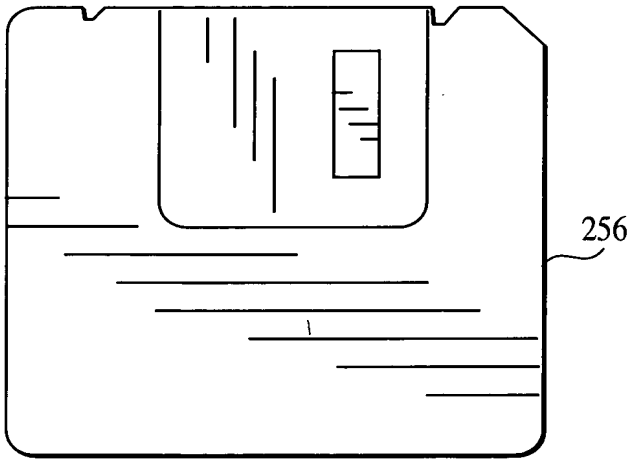

FIG. 14
CONCEPTUAL VIEW OF
MEMORY STORAGE MEDIUM